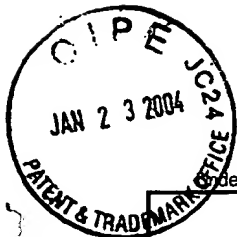


JAN 26 2004



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Application Number 09/586,680

Filing Date June 1, 2000

First Named Inventor Daniel D. DOWNING

Art Unit 2171

Examiner Name B. Hoffman

Attorney Docket Number 136922002400

Total Number of Pages in This Submission

36 +
8 references

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ENCLOSURES (Check all that apply)

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3 pages☐ Certified Copy of Priority
Document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
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Norman R. Klivans - 33,003

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Signature

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Date

January 23, 2004

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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	09/586,680	
		Filing Date	June 1, 2000	
		First Named Inventor	Daniel D. DOWNING	
		Examiner Name	B. Hoffman	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2171	
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No.	136922002400
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		JAN 30 2004 Technology Center 2100		
The Director is authorized to: (check all that apply)		Large Entity Small Entity		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Code Fee (\$)		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Description		
FEE CALCULATION		Fee Paid		
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	
1002	340	2002	170	
1003	530	2003	265	
1004	770	2004	385	
1005	160	2005	80	
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 19 -20 = 0 x 18.00 = 0.00				
Independent Claims 5 -5 = 0 x 86.00 = 0.00				
Multiple Dependent 290.00 = 0.00				
Large Entity Small Entity				
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1202	18	2202	9	
1201	86	2201	43	
1203	290	2203	145	
1204	86	2204	43	
1205	18	2205	9	
SUBTOTAL (2) (\$)		0.00		
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		180.00		

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Name (Print/Type)	Norman R. Klivans	Registration No. (Attorney/Agent)	33,003
Signature	<i>Norman R. Klivans</i>	Telephone	(650) 813-5850
		Date	January 23, 2004